

**STATE WATER RESOURCES CONTROL BOARD
LEGALLY RESPONSIBLE OFFICIAL REGISTRATION FORM FOR THE SSO DATABASE**

A legally responsible official (LRO) is any individual authorized to enter and certify data into the online sanitary sewer overflow (SSO) database on behalf of an agency enrolled under Statewide General Waste Discharge Requirements for Sanitary Sewer Systems (WQO No. 2006-0003). A LRO must certify any submitted SSO report. A LRO is defined as either a principal executive officer or ranking elected official for an agency, or a duly authorized representative of that person. To qualify as a duly authorized representative, an individual must receive authorization in writing from another LRO (this completed form satisfies this condition) and have responsibility for the overall operation of the regulated facility or activity. This form enables agencies to register an additional LRO for SSO reporting.

1. LRO Registration Information

I, Dave McRoberts, certify that I am a legally responsible official for City of Chula Vista. My signature on
print name agency

this form certifies that, I agree, my California Integrated Water Quality System (CIWQS) user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, and responsible by use of my electronic signature as much as by a hand-written signature.

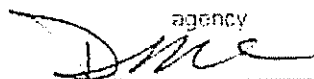
I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

| | |
|------------------------|--|
| Print Name: | <u>Dave McRoberts</u> |
| Mailing Address: | <u>1800 Maxwell Rd.</u> |
| Phone Number: | <u>(619) 397-6009</u> |
| FAX Number: | <u>(619) 397-6259</u> |
| E-Mail Address: | <u>dmcroberts@ci.chula-vista.ca.us</u> |
| Agency: | <u>City of Chula Vista</u> |
| Agency WDID #: | <u>9SS010646</u> |
| Sanitary Sewer System: | <u>City of Chula Vista Public Works Operations</u> |
| Title/Role: | <u>Wastewater Collection Supervisor</u> |

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed:


agency

Date: 12 / 11 / 06

complete page 2

2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, Alex Al Agha (No longer employed with the City of Chula Vista), certify that I am a legally responsible
print name

official for City of Chula Vista. My signature on this form authorizes a legally responsible official account
agency

to be created within CIWQS for the individual listed above. A legally responsible official account will
allow this individual to enter, edit, delete, and certify data associated with SSO reports for the agency.

Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: _____ Date: ____ / ____ / ____

Mail completed form to (this form must be mailed because an original signature is required to be on file):

CIWQS Registration
P.O. Box 671
Sacramento, CA 95812

NOTE: Please call the CIWQS Help Center with any questions regarding this form at (866)792-4977.

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1. LRO Registration Information

I, Joseph Burgos, certify that I am a legally responsible official for City of Chula Vista. My signature on
print name agency

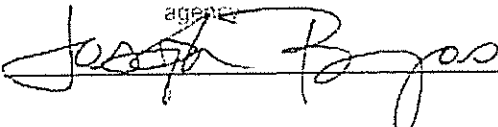
this form certifies that, I agree, my California Integrated Water Quality System (CIWQS) user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, and responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

Print Name: Joseph Burgos
Mailing Address: 1800 Maxwell Rd.
Phone Number: (619) 397-6031
FAX Number: (619) 397-6259
E-Mail Address: Jburgos@ci.chula-vista.ca.us
Agency: City of Chula Vista
Agency WDID #: 9SS010646
Sanitary Sewer System: City of Chula Vista Public Works Operations
Title/Role: Public Works Supervisor

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed:  Date: 12/7/06
complete page 2

2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, Alex Al Agha (No longer employed with the City of Chula Vista), certify that I am a legally responsible
print name

official for City of Chula Vista. My signature on this form authorizes a legally responsible official account
agency

to be created within CIWQS for the individual listed above. A legally responsible official account will
allow this individual to enter, edit, delete, and certify data associated with SSO reports for the agency.

Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: _____ Date: ____ / ____ / ____

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1. LRO Registration Information

I, Mark Sanchez, certify that I am a legally responsible official for City of Chula Vista. My signature on
print name agency

this form certifies that, I agree, my California Integrated Water Quality System (CIWQS) user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, and responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

Print Name: Mark Sanchez
Mailing Address: 1800 Maxwell Rd.
Phone Number: (619) 397-6025
FAX Number: (619) 397-6259
E-Mail Address: MSanchez@ci.chula-vista.ca.us
Agency: City of Chula Vista
Agency WDID #: 9SS010646
Sanitary Sewer System: City of Chula Vista Public Works Operations
Title/Role: Public Works Supervisor

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed: Mark W. Sanchez Date: 12 / 06 / 06
agency complete page 2

2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, Alex Al Agha (No longer employed with the City of Chula Vista), certify that I am a legally responsible
print name
official for City of Chula Vista. My signature on this form authorizes a legally responsible official account
agency

to be created within CIWQS for the individual listed above. A legally responsible official account will
allow this individual to enter, edit, delete, and certify data associated with SSO reports for the agency.

Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: _____ Date: ____ / ____ / ____

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1. LRO Registration Information

I, Brian Walther, certify that I am a legally responsible official for City of Chula Vista. My signature on this
print name agency
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password constitute my electronic signature and any information I indicate I am electronically certifying
contains my signature. I understand that I am legally bound, obligated, and responsible by use of my
electronic signature as much as by a hand-written signature.

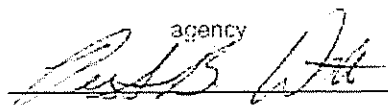
I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

Print Name: Brian Walther
Mailing Address: 1800 Maxwell Rd.
Phone Number: (619) 397-6042
FAX Number: (619) 397-6259
E-Mail Address: Bwalther@ci.chula-vista.ca.us
Agency: City of Chula Vista
Agency WDID #: 9SS010646
Sanitary Sewer System: City of Chula Vista Public Works Operations
Title/Role: Pump Maintenance Supervisor

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed:

 agency

Date: 12 / 11 / 06

complete page 2

2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, Alex Al Agha (No longer employed with the City of Chula Vista), certify that I am a legally responsible
print name

official for City of Chula Vista. My signature on this form authorizes a legally responsible official account
agency

to be created within CIWQS for the individual listed above. A legally responsible official account will

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Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: _____ Date: ____ / ____ / ____

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1. LRO Registration Information

I, Steve Padilla, certify that I am a legally responsible official for City of Chula Vista. My signature on this
print name agency
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password constitute my electronic signature and any information I indicate I am electronically certifying
contains my signature. I understand that I am legally bound, obligated, and responsible by use of my
electronic signature as much as by a hand-written signature.

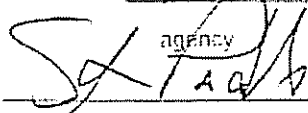
I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

Print Name: Steve Padilla
Mailing Address: 1800 Maxwell Rd.
Phone Number: (619) 397-6020
FAX Number: (619) 397-6259
E-Mail Address: Spadilla@ci.chula-vista.ca.us
Agency: City of Chula Vista
Agency WDID #: 9SS010646
Sanitary Sewer System: City of Chula Vista Public Works Operations
Title/Role: Public Works Supervisor

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed:

 agency

Date: 12 / 7 / 06

complete page 2

2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, Alex Al Agha (No longer employed with the City of Chula Vista), certify that I am a legally responsible
print name

official for City of Chula Vista. My signature on this form authorizes a legally responsible official account
agency

to be created within CIWQS for the individual listed above. A legally responsible official account will

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Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: _____ Date: ____ / ____ / ____

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1. LRO Registration Information

I, Rudy Cancio, certify that I am a legally responsible official for City of Chula Vista. My signature on this
print name agency
form certifies that, I agree, my California Integrated Water Quality System (CIWQS) user ID and
password constitute my electronic signature and any information I indicate I am electronically certifying
contains my signature. I understand that I am legally bound, obligated, and responsible by use of my
electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

Print Name: Rudy Cancio
Mailing Address: 1800 Maxwell Rd.
Phone Number: (619) 397-6026
FAX Number: (619) 397-6259
E-Mail Address: Rcancio@ci.chula-vista.ca.us
Agency: City of Chula Vista
Agency WDID #: 9SS010646
Sanitary Sewer System: City of Chula Vista Public Works Operations
Title/Role: Public Works Supervisor

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed:  Date: 12 / 07 / 2006
complete page 2

2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, Alex Al Agha (No longer employed with the City of Chula Vista), certify that I am a legally responsible
print name

official for City of Chula Vista. My signature on this form authorizes a legally responsible official account
agency

to be created within CIWQS for the individual listed above. A legally responsible official account will
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Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: _____ Date: ____ / ____ / ____

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P.O. Box 671
Sacramento, CA 95812

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1. LRO Registration Information

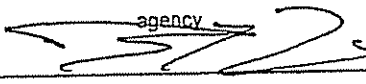
I, Tim Weinman, certify that I am a legally responsible official for City of Chula Vista. My signature on
print name agency
this form certifies that, I agree, my California Integrated Water Quality System (CIWQS) user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, and responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

I have provided the following contact information:

Print Name: Tim Weinman
Mailing Address: 276 Fourth Ave.
Phone Number: (619) 409-3805
FAX Number: (619) 691-5171
E-Mail Address: Tweinman@ci.chulavista.ca.us
Agency: City of Chula Vista
Agency WDID #: 9SS010646
Sanitary Sewer System: City of Chula Vista
Title/Role: Engineering Tech

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the City of Chula Vista, to be bound by its terms.

Signed:  Date: 10 / 29 / 2008
complete page 2

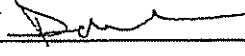
2. Approved by a Legally Responsible Official for the agency on file with the State Water Board

I, David McRoberts certify that I am a legally responsible official for City of Chula Vista. My signature on
print name agency

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listed above. A legally responsible official account will allow this individual to enter, edit, delete, and
certify data associated with SSO reports for the agency.

Regional Water Quality Control Board: Region 9

Agency WDID #: 9SS010646

Signature: Dave  Date: 10 / 29 / 08
McRoberts

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